



# PANDEMIC INFLUENZA POLICY

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## Document Control

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### Changes history

Version	Date	Created By	Recipients	Purpose
1	March 2020	Guy Stevenson	Leadership team	Routine review/ update in light of COVID-19 outbreak

### Authorisation

Version	Date	Authorisation	Chair of Meeting
1	Mar 2020	Trustees	Geraldine Powell

### Related policies and documents

- Age UK Bexley - Managing Sickness Absence
- Age UK Bexley - Health & Safety Policy Statement
- Age UK Bexley - Control of Infection
- Age UK Bexley Business Continuity Plan

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## 1 POLICY STATEMENT

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Age UK Bexley ("the charity") intends to proactively respond to a flu pandemic threat so as to maintain core business activities and ensure the continued using its resources. It is the Charity policy that the workforce will be mobilised in the most effective way during the pandemic period, including with and alongside external organisations/stake holders

Three key principles that underpin this are:-

- **Precaution** – the initial response will accurately reflect the level of risk, based on information available at the time, accepting the uncertainty that will initially exist about scale, severity or level of impact of the virus.
- **Proportionality** - the response must scale up or down in response to the emerging epidemiological, clinical and virological characteristics of the virus and its impact at the time.
- **Flexibility** – there must be the capacity to adapt to local circumstances that may be different from the overall UK picture (for instance hotspot areas)

## 2 AIM AND SCOPE

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The policy and procedures applies to all departments, staff and volunteers within the Charity and its associated companies. The aims of the pandemic flu policy and procedures are to:

- Ensure preventative actions are in place to minimise the risk of cross infection.
- Identify action to be taken in the case of contact with an individual with a probable or confirmed case of pandemic influenza. Specifically this may relate to current guidance and information related to infection with Covid - 19
- Identify action to be taken if there is a case of pandemic influenza in the charity.
- Identify action to be taken if a diagnosis of pandemic influenza is confirmed by a GP or Public Health for a user of our services who has recently been cared for in the Charity or is receiving support at home.
- Identify action for staff and volunteers to take if displaying influenza like illness ("ILI").
- Identify essential business activities and how these will operate during different stages of the pandemic.

- Responses must align with reference to guidance set out by Public Health England and Department of Health and Social Care in minimising risk and impact to staff, volunteers, users of our services and the wider public in regard to influenza type infections and circumstances relating to and during a pandemic.
- Identify how communications will be managed during the pandemic.
- This policy is subject to change as planning assumptions may turn out to be different from the actual situation and specific guidance from external agencies may replace provisional guidance as the pandemic evolves.

## 3 BACKGROUND INFORMATION

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### 3.1 What is pandemic influenza?

Influenza is a familiar infection in the UK, especially during the winter months. The illness, caused by the flu virus, can be mild or severe and, at times, can lead to death. Some groups of people are more susceptible to flu than others, in particular: older people; young children and those with certain medical conditions.

Pandemic Influenza is different from ordinary Influenza because it occurs when a new influenza virus (i.e. Covid 19 2020, A/H1N1'Swine Flu@ 2009/10 or H1N1 'Spanish Flu@ 1918/20) emerges into the human population and spreads from person to person with outbreaks or epidemics occurring in many countries worldwide. Pandemic Influenza is recognised by the government as the single most disruptive event facing the UK today (2017)

As it is a new virus, the entire population is susceptible because no one will have previously developed any immunity to it. Therefore, healthy adults as well as children and people with existing medical conditions will be affected. A flu pandemic requires a new strain of flu that fulfils the following characteristics:

- A new strain that affects humans
- A strain to which humans have little or no immunity
- The ability to spread easily between humans
- The ability to cause severe illness in a proportion of those infected.

The lack of immunity in the UK population will mean that the virus has the potential to spread very quickly between people. This will result in many more people becoming severely ill and many more deaths.

### 3.2 What will an influenza pandemic look like?

One of the main challenges faced by those planning (this is a planning assumption) against an influenza pandemic is that the nature and impact of the pandemic virus cannot be known until it emerges and therefore response arrangements must be flexible enough to deal with a range of possibilities and be capable of adjustment as they are implemented. Until then, planning should be based on the assumptions set out below and have been derived from a combination of current virological and clinical knowledge, expert analysis, extrapolations from previous pandemics and mathematical modelling.

### **3.3 Duration and timing**

A flu pandemic could occur at any time. It may come in two or more waves several months apart. Once the pandemic arrives, it is likely to spread throughout the country in a matter of weeks. It is likely that seasonal changes will impact on the number of cases, for example: an increase in the number of cases in September when the schools reopen after the summer break and in the months of October and November as the seasons change. Depending upon the virulence of the influenza virus, the susceptibility of the population and the effectiveness of counter measures, up to 50 per cent of the population could become ill and up to 750,000 additional deaths (that is deaths that would not have happened over the same period of time had a pandemic not taken place) could occur by the end of a pandemic in the UK (DH 2009).

### **3.4 Impact on staffing levels**

It is likely that there will be an impact on staffing across all areas of the Charity as a result of absenteeism resulting from illness, unplanned caring responsibilities, school closures, public transport closures, bereavement etc) throughout the pandemic period.

As a rough working guide, small organisations such as this Charity, or larger organisations with small critical teams, should plan for level of absence rising to 30-35 per cent at peak.

In the absence of early or effective interventions, society may also face much wider social and economic disruption, lower production levels, shortages and distribution difficulties.

### **3.5 Disruption to the supply chain & other services**

Due to the inability of suppliers to deliver consumables or services e.g. planned equipment maintenance or deliveries, there may be a disruption to the supply chain.

### **3.7 Financial Impact**

During a pandemic, there may be an impact on revenue because of cancelation of fundraising activities, external bookings, educational events, and income generating services. It is also possible that costs will increase due to operational costs of covering staffing shortages and increased costs of supplies. There may be potential financial penalties resulting from breaches of targets.

### **3.8 Signs and symptoms of flu**

It is likely that the signs and symptoms of pandemic flu will be the same as for ordinary flu but may be more severe and cause more serious complications.

The most significant symptoms are the sudden onset of:

- Fever
- Cough or shortness of breath

Other symptoms may include:

- Headache
- Runny nose
- Tiredness
- Sneezing
- Chills
- Loss of appetite
- Aching muscles
- Sore throat

### **3.9 Incubation and Infection periods**

The incubation period (time between contact with the virus and the onset of symptoms) ranges from one to four days, for most people it will be two to three days. People are most infectious to others soon after they develop symptoms. However, they can continue to shed the virus, for example in coughs and sneezes, for up to five days (seven days in children) from onset of symptoms. People become less infectious as their symptoms subside and once symptoms are gone, they are considered no longer infectious to others.

## **4 PREVENTIVE ACTION**

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### **4.1 How is pandemic influenza caught and spread to others?**

The influenza virus can live on hard surfaces for 24 hours, on soft surfaces for 2 hours, on hands for 5 minutes and in the air (e.g. via sneeze/cough or when using a nebuliser for 1 minute).

Influenza, including pandemic influenza, is spread from person to person by close contact. Some examples of how it can be spread include:

- Coughing and/or sneezing by an infected person within a short distance (usually one metre or less) of someone.
- Touching or shaking the hand of an infected person and then touching your mouth, eyes or nose without washing your hands.
- Touching surfaces or objects (e.g. door handles) that have become contaminated with the flu virus and then touching your mouth, eyes or nose without washing your hands.

#### **4.2 What should individuals do to protect themselves and others from pandemic flu?**

- Hand hygiene is the single most important practice needed to reduce the transmission of infection in all settings and is an essential element of standard infection control principles.
- Use a tissue to cover your nose and mouth when coughing and/or sneezing. Dispose of the tissue promptly and then wash your hands. Tissues should be disposed of in domestic waste and do not require any special treatment.
- Do not use handkerchiefs or reuse tissues. This practice contaminates pockets or handbags which will re-contaminate hands every time they go into those pockets or handbags.
- Clean hands frequently, especially after coughing, sneezing and using tissues. Soap and water is an effective means of cleaning hands, however hand rubs (microbiocidal hand rubs, particularly alcohol-based) can be used as an alternative.
- Minimise touching your mouth, eyes and/or nose, unless you have recently cleaned your hands.
- Use normal household detergent and water to clean surfaces frequently touched by hands.
- Clean your hands before preparing food or beverages.
- Clean your hands as soon as you arrive home.

#### **4.3 Protecting the Charity and those that use its services**

During a pandemic, applying good respiratory and hand hygiene practices and encouraging compliance with public health advice are likely to make the most



important contribution to the UK's overall response. In order to protect others and reduce the spread of infection, anyone with symptoms consistent with an ILI should stay at home and minimise social/family contact until symptoms have resolved. They should only go out if absolutely necessary.

Those who do not have symptoms consistent with an ILI should continue normal activities for as long and as far as that is possible. They can reduce – but not eliminate – the risk of catching or spreading influenza by avoiding unnecessary close contact with those who have symptoms consistent with an ILI and adopting high standards of respiratory and hand hygiene at all times.

With this in mind, the Charity is making sure that:

- Standard infection control principles and droplet precautions must be used for those services users with or suspected of having pandemic influenza. The use of PPE should be proportional to the risk of contact with respiratory secretions and other body fluids, and should depend on the type of work / procedure being undertaken (appendix three).
- The Pandemic Flu planning group will access advice from the Infection Control Team at Oxleas NHS Trust, Public Health England (PHE), the Department of Health and NHS 111 and other relevant sources. The CEO and/or Infection Control Lead will update staff and volunteers as appropriate. This may need to be daily if information is changing rapidly.
- The charity's leadership team will ensure stocks of anti-bacterial wipes domestic waste bags, tissues, alcohol gel, soap and general cleaning detergents are ordered and available at the Charity and in other Charity premises.
- All staff must be aware of and adhere to the Charity infection control policies with particular attention to hand washing, cleaning of equipment / surfaces and disposal of waste.
- All staff inviting visitors or hosting visits must ensure that their visitors are aware of the need to minimise cross infection and should ensure that visitors displaying signs of illness do not access care areas.
- Staff and volunteers who exhibit flu like symptoms must inform their line manager. If symptoms develop whilst at the Charity the line manager must be informed at this point.
- If the pandemic reaches WHO Level 6 and UK Alert Level 3, consideration should be given to stopping all non-essential visits to the Charity. This may result in temporary suspension of some Charity services e.g. Day Care, Foot care Clinic Appointments, advice and support and external community based activity.

- If pandemic reaches WHO Level 6 and UK Alert Level 3, consideration should also be given to stopping all non-essential face to face home visits (this would include volunteer delivered services such as Befriending and Handyperson) and maintaining telephone contact with clients instead where direct support is no longer advisable.
- If pandemic reaches WHO Level 6 and UK Alert Level 4, consideration must be given to telephone assessment of any individual prior to their use of the Charity's services and/or before home visiting, where this has not already stopped as advised above.
- There are procedures for regular cleaning of hard surfaces. It is suggested that in the Charity, staff should clean down surfaces, door handles, and door operating buttons at handover at least twice a day.
- The boroughs Housekeeping service is responsible for ensuring that hand hygiene facilities are adequate and working properly and that there are stocks of tissues, paper towels and soaps.
- Departmental leads are responsible for ensuring there are procedures in place to respond to those who become unwell within the organisation. They will be taken or sent home.
- Staff and volunteers have a responsibility to ensure they are aware of the relevant procedures that will be put in place during a pandemic and of the infection control guidance contained here.

#### **4.4 Personal protective equipment (PPE): facemasks and eye protection**

The infection control measures described above should not be neglected at the expense of less effective methods such as facemasks. Broadly speaking, the only circumstances, where the use of facemasks by healthy individuals may play a part in reducing the risk of infection would be where someone was in close contact/caring (less than one metre) for an ill or symptomatic individual.

Masks are only useful for up to one hour, after which they need to be changed. However, the use of personal protective equipment, such as facemasks, is easy for individuals to misuse or misapply and may also engender a sense of the wearer being "protected" and being less rigorous in applying other, more important, protective measures such as hand washing and respiratory hygiene (catch it, bin it, kill it).

## **5 PANDEMIC PHASES**

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### **5.1 World Health Organisation (WHO) Phases**

WHO defines four distinct pandemic phases as shown in **Appendix One**.

The WHO global phases are based on the overall international situation and are used internationally for alerting purposes. The Charity will monitor the WHO phases. However, the charity response actions will be based around the UK Pandemic Influenza Phases Appendix two, to be in line with the Oxlease NHS Trust's strategy.

## 5.2 UK Pandemic Phases

The UK Pandemic Phases are independent of the WHO phases and are based on a risk assessment of the current UK situation.

The UK has 5 distinct pandemic phases (see Appendix two)

- **Detection**
- **Assessment**
- **Treatment**
- **Escalation**
- **Recover**

The phases are not numbered as they are not linear and it is possible to move back and forth or jump phases. In a severe situation, it may be necessary to activate Detect and Assessment at the same time, then Treat and Escalate in short order, if not concurrently.

The DATER phases will be used in a flexible, precautionary and proportionate way in response to the level and severity of the influenza pandemic

## 6 ACTION TO BE TAKEN IN THE CASE OF KNOWN CONTACT WITH INFLUENZA

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- 6.1 Unless otherwise advised, staff and volunteers who have been in contact with a probable or confirmed case of influenza, should continue to work as usual, unless they show signs of symptoms.
- 6.2 Staff or volunteers who exhibit 'flu-like symptoms must stay at home and contact their GP or NHS 111 for advice on their fitness to attend work, and inform their line manager as per the Sickness Absence Policy. Volunteers who exhibit symptoms must also stay at home and inform their line manager.
- 6.3 If a member of staff is confirmed as having the virus, they must remain at home until they are symptom free and contact their line manager. The line manager will contact the Charity Infection Control Lead who will inform the Infection Control Team at Oxlease NHS Trust and/ South London Health Protection Team to determine what, if any, other action needs to be taken. Once the member of staff is symptom free they must contact their line manager to arrange for their return to work. The line manager will inform the CEO.
- 6.4 If flu-like symptoms develop whilst at work, staff must inform their line manager. The member of staff must go home and seek advice from 111/ their GP.

- 6.5 Line managers must notify the CEO of any member of staff who notifies them of contact with probable or confirmed influenza cases. The CEO will keep a record and update the Infection Control Lead on a regular basis.

## 7 IF A DIAGNOSIS OF INFLUENZA IS CONFIRMED IN A USER OF OUR SERVICES BEING SUPORTED AT THEIR HOME

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- 7.1 The volunteer of staff member will inform their coordinator and/or line manager.
- 7.2 The line manager will identify all known contacts including staff, volunteers, visitors, family members to pass this information to the clients GP and Public Health England.
- 7.3 The Chief Executive will prepare a press statement for release if necessary.
- 7.4 A pandemic influenza planning group will convene and identify options for the delivery of sustainable services and charity operations where there is an option to do so

## 8 COMMUNICATIONS

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In a pandemic, communications will be key. In light of this, the Charity will plan to ensure continued communications as and when appropriate with:

- Clients accessing the Charity services.
- All Charity staff (including bank staff)
- All volunteers
- All forms of external media.

A communications plan will be put in place and clearly defined for:

- Internal communications (inc. volunteers)
- Clients accessing Charity services
- The media.

## 9 MAINTAINING ESSENTIAL BUSINESS ACTIVITIES

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As the phases of the pandemic change and differing numbers of staff, volunteers, users of our services and their families are affected the Charity may need to scale down or suspend activities.

At the peak of the pandemic the Charity's Business Continuity Plan will be invoked which will ensure priority care services are offered which are sustainable and that other essential activities continue such as IT services, banking of income etc.

Non-essential meetings will be cancelled at the discretion of the pandemic flu planning group.

The Charity workforce will be deployed in the most effective way to make sure that core activities can be maintained. This may mean working from home or limiting community based contact and support. This will include volunteer delivered services

### **9.1 Charity Care Services**

The Charity will continue to provide the full range of services, deciding on a day by day basis when to begin to restrict services. This will be dependent on the available workforce and the numbers of users of our services affected by the virus. The influenza pandemic planning group will be responsible for this decision.

For day care and foot care services, decisions will be taken by the leadership team on continuity. Where infection is identified in a user of member of staff accessing or delivering these services all steps will be taken to minimise the risk of further contamination up to and including the closure of the service and quarantining of staff, volunteers and users of the service once advice has been taken and remedial action instituted.

### **9.2 Charity Finance Department**

Where the pandemic results in significant staff absences, the following areas of work will be prioritised by the Finance staff. All members of the finance department will be expected to assist wherever necessary to ensure the following tasks are prioritised.

- Ensure salaries are paid on time
- Banking
- Monitoring cash flow/funds
- Payments to suppliers and expenses.

### **9.3 Charity IT services**

Priority will be given to maintaining IT services to enable staff to work from home or other locations if they have been required to do so. Laptops may need to be redistributed to key staff to maintain services.

Whilst remote working is an option for line managers to give their staff, it may be necessary to prioritise remote access so that there is an acceptable response time for key users. If an employee needs a laptop to be able to work from home the IT department should be contacted so that they can allocate/reallocate one depending on priorities.

## 10 WORKFORCE CONSIDERATIONS

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The underpinning principle of the policy is that all staff will need to work flexibly in order to maintain essential activities. Staff and volunteers are likely to be absent from work because:

- They are ill with the virus or are awaiting advice from GP.
- A family member is ill and requires care.
- Child care commitments due to unplanned school/nursery closures.

It is essential that staff ensure good hand and respiratory hygiene measures to minimise the risk of the virus spreading. Pregnant staff and volunteers and those with underlying health conditions will be need to be considered for work in a non-clinical setting as the pandemic progresses.

### 10.1 Vaccination

Where available, frontline Staff and Volunteers will be offered vaccine.

### 10.2 Annual Leave

In particular circumstances it may be necessary to cancel non-essential annual leave. This will be the decision of the leadership team in consultation with the charity's trustees.

### 10.3 Pay Arrangements

The approach to pay is as follows:

- For staff that are sick and not able to work because they are ill – Sickness Absence Management Policy applies
- For staff who have to care for children who are sick or if schools/nurseries are closed see Special Leave Policy. The Charity expects that staff will ensure that caring responsibilities are shared out between parents/family members/responsible adults so as to reduce the impact on the Charity. But given the special circumstances relating to any pandemic each case will be looked at on an individual basis.

### 10.4 Staff/ Volunteer Training Requirements

All staff must familiarise themselves with the action they should take to prevent infection, if they become ill with the influenza virus or have been in contact with it. Some volunteer staff who have previous experience of caring, will be trained to assist with clinical duties.

A short advice manual for managing switchboard and reception is available for covering staff and volunteers

Relevant information accessible through the Public Health England website and other government information resources will be made available to staff and volunteers.

## 11 FURTHER INFORMATION

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Further information is available at:

- [www.cabinetoffice.gov.uk](http://www.cabinetoffice.gov.uk)
- [www.dh.gov.uk](http://www.dh.gov.uk)
- <https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19>
- <https://www.gov.uk/government/publications/guidance-for-social-or-community-care-and-residential-settings-on-covid-19>
- [www.charityuk.org.uk](http://www.charityuk.org.uk)
- [www.who.int](http://www.who.int)

## 12 USEFUL CONTACTS

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- Public Health England – South London Health Protection Team  
0344 326 2052  
[Phe.selhpt@nhs.net](mailto:Phe.selhpt@nhs.net)
- Public Health England
- Infection Control Team, Oxlease NHS Trust  
01322 625700, extension 5872

## 13 REFERENCES

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UK Influenza Pandemic Preparedness Strategy 2011

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213717/dh\\_131040.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213717/dh_131040.pdf)

Health and Social Care Influenza Preparedness and Response 2012

Preparing for Pandemic Influenza Guidance for local Planners, Cabinet Office July 2013

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/225869/Pandemic\\_Influenza\\_LRF\\_Guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/225869/Pandemic_Influenza_LRF_Guidance.pdf)

WHO Interim Pandemic Influenza Risk Management Guidance 2013

London Resilience Partnership Pandemic Influenza Framework Version 6 (November 2014)

UK national Risk Register 2017

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/644968/UK\\_National\\_Risk\\_Register\\_2017.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/644968/UK_National_Risk_Register_2017.pdf)

Public Health England Advice for employers and small business:

<https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for-employers-and-businesses-on-covid-19>

Public Health England Advice for those working in social care, community and residential settings:

<https://www.gov.uk/government/publications/guidance-for-social-or-community-care-and-residential-settings-on-covid-19>



## 14 RATIFICATION

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This is to confirm that this policy (including procedures and guidelines) has been ratified by the Charity Board of Trustees.

## Signatures

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Chairman .....  
Board of Trustees .....  
Chief Executive .....  
Date .....

## Appendix 1: Equality Impact Assessment

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The equality impact assessment is used to ensure we do not inadvertently discriminate as a service provider or as an employer.

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect on group less or more favourably than another on the basis of:		
	Race	<b>No</b>	
	Ethnic origins (including gypsies and travellers)	<b>No</b>	
	Nationality	<b>No</b>	
	Gender	<b>No</b>	
	Culture	<b>No</b>	
	Religion or belief	<b>No</b>	
	Sexual orientation including lesbian, gay and bisexual people	<b>No</b>	
	Age	<b>No</b>	
	Disability (e.g. physical, sensory or learning)	<b>No</b>	
	Mental Health	<b>No</b>	
2.	Is there any evidence that some groups are affected differently?	<b>No</b>	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	<b>N/A</b>	
4.	Is the impact of the policy/guidance likely to be negative?	<b>No</b>	
5.	If so, can the impact be avoided?	<b>N/A</b>	
6.	What alternatives are there to achieving the policy/guidance without the impact?	<b>N/A</b>	
7.	Can we reduce the impact by taking different action?	<b>N/A</b>	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Information Governance Committee, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact any one of the following:

- Data Protection Officer (Finance and Operations Manager)
- Senior Information Risk Owner (Chief Executive)